

Overcoming stigma through recovery contagion

Professor David Best

The extent of the problem

According to the World Health Organisation:

- Drug addiction is the most stigmatised health condition and alcohol addiction is the fourth most stigmatised

Stigma is a form of 'negative community recovery capital' that blocks recovery pathways

And can be internalised to 'self-stigma' that prevents people from attempting to move forwards

Desistance models (McNeill; Farrall & Maruna)

- Primary desistance: stop committing crimes!
- Secondary desistance: Identity change; changes in social networks and social identity
- Tertiary desistance: having desistance accepted by societal systems and structures
- This is the key to community connection and community engagement

Public perceptions of addicts – Phillips and Shaw (2013)

Social distance study using vignettes

Four populations: smokers, obese people, active and recovering addicts

Addicts most discriminated against

US population generally do not believe in 'recovery'

This is negative recovery capital, particularly if it is true of professionals

Phillips and Shaw

“Individuals who are actively using substances and even individuals in remission from substance misuse are still targets of significant stigma and social distancing.”



Extending the stigma research to trainee professionals (Cano et al, 2019)

303 criminal justice and allied health students across all three years at Sheffield Hallam

Liaised with Lindsay Phillips about vignettes

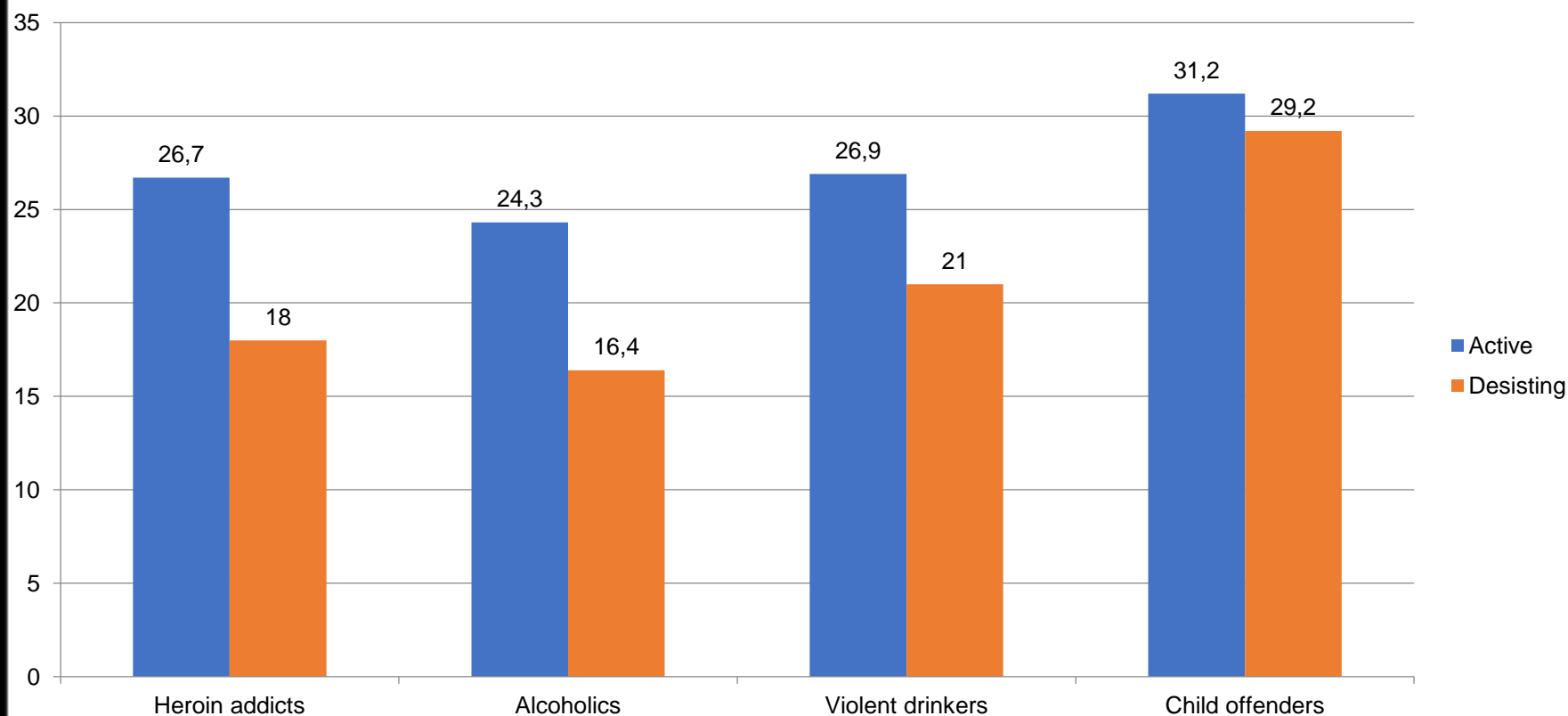
Amended to four new populations active or recovering / desisting:

- Heroin addicts
- Alcoholics
- Violent drinkers
- Child offenders



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Social distance scores for four key groups





Better than well – Hibbert and Best (2011)

Study of 50 drinkers in recovery for more than 5 years

Assessed on the WHO QOL Bref

Aim was to measure wellbeing in recovery compared to the general public

People in stable recovery had

- Elevated rates of social recovery
- Elevated rates of environmental recovery

Women spend an average
of **17.7 years addicted**
to drugs or alcohol.

Men spend **22.4 years**
addicted.



**79.4% of people in
long-term recovery**

have volunteered since
beginning their recovery
journey.

79.4%

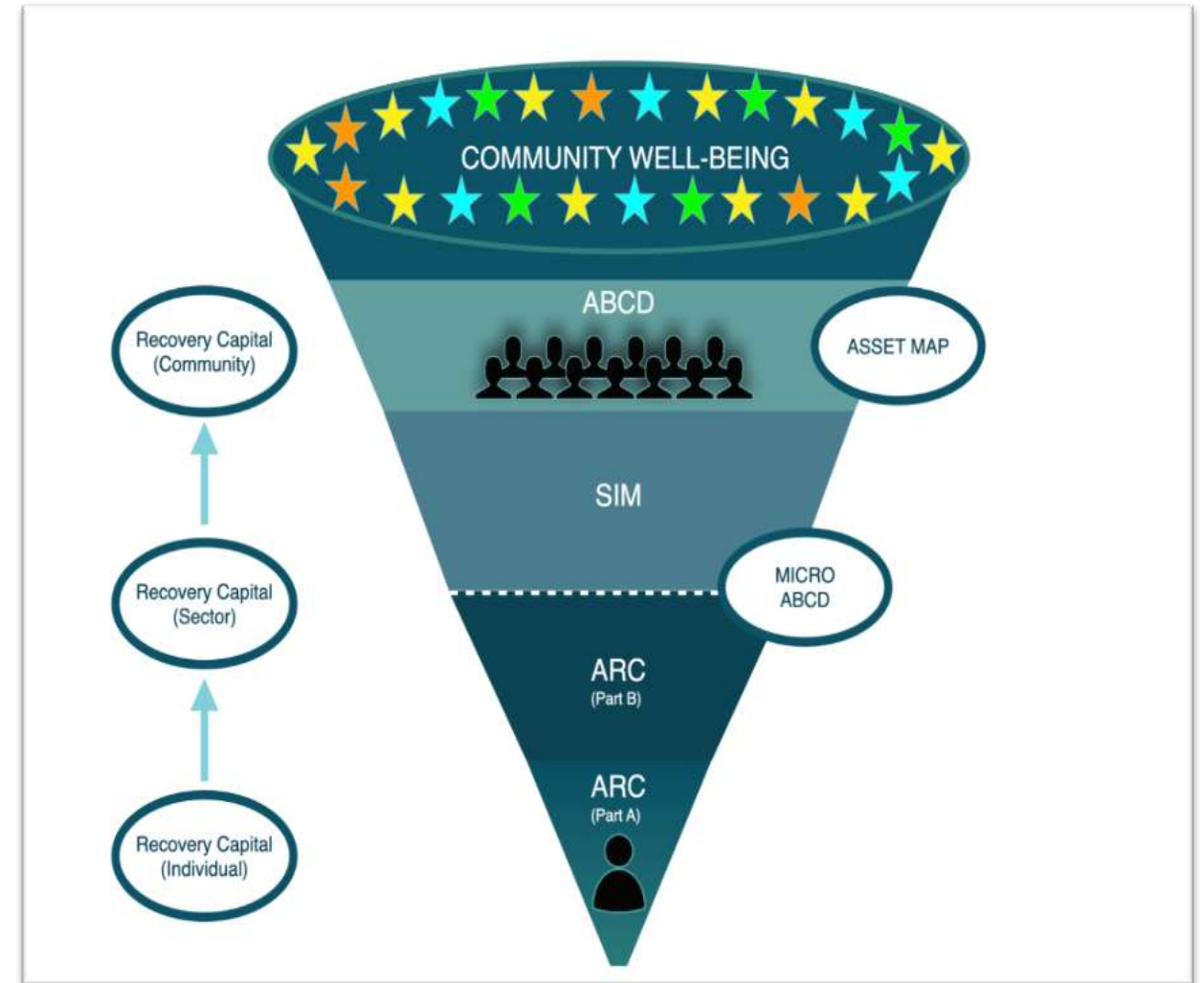


Best and Laudet (2010)



The Ice Cream Cone Model of Recovery

Recovery is an intrinsically social processes and one that needs not only personal commitment and determination but also the **support** and **engagement** of the **social network** and **support system**.



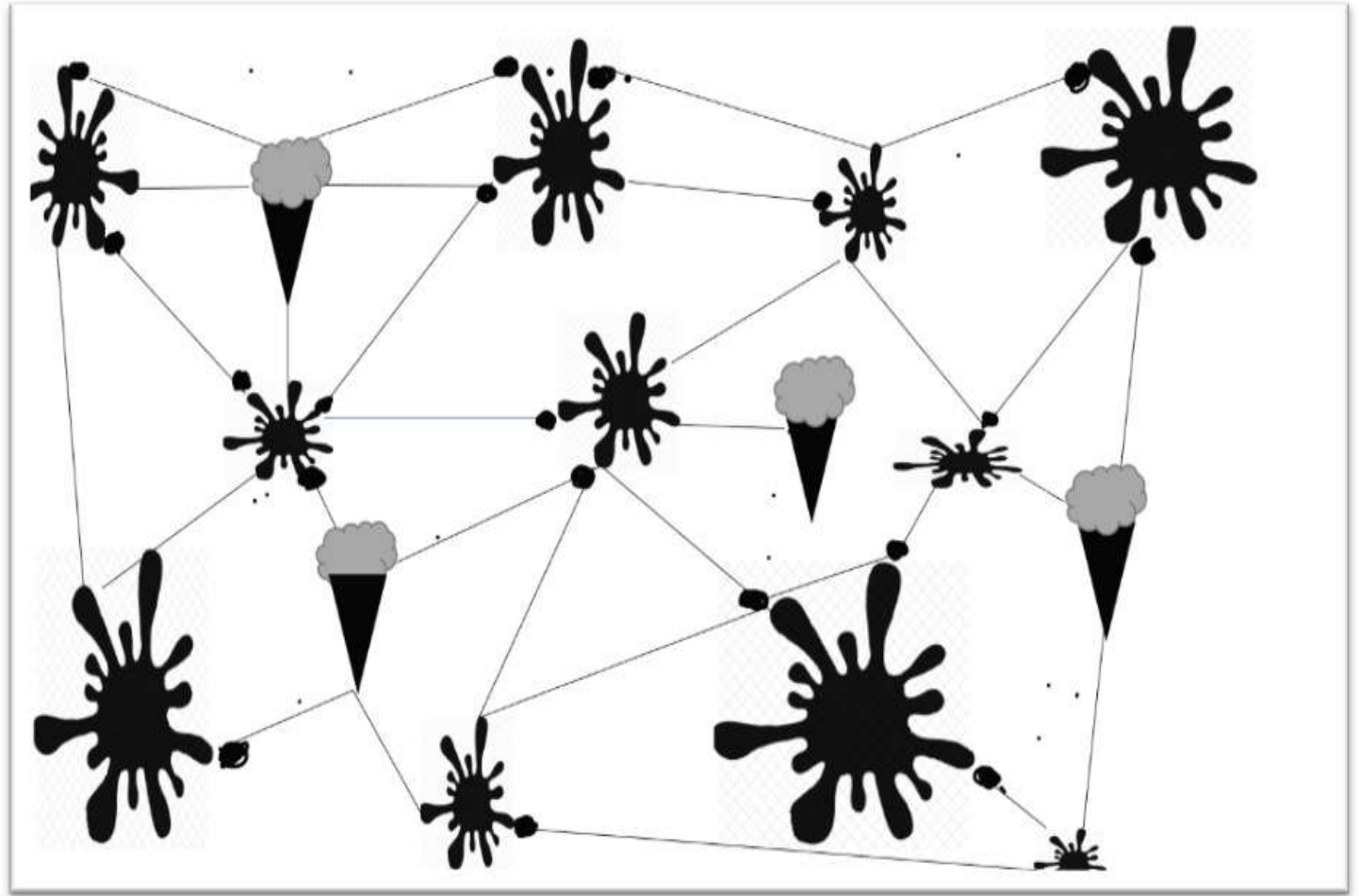
(Best, Irving, Collinson, Edwards & Anderson, 2017;
Best and Ivers, submitted)

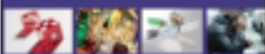
Inkspots and ice cream

Hot-spot policing
+ Collective efficacy
+ Cascade

= Crime reduction

TOP 30
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Overcoming alcohol and other drug addiction as a process of social identity transition: the social identity model of recovery (SIMOR)

David Best, Melinda Beckwith, Catherine Haslam, S. Alexander Haslam, Jolanda Jetten, Emily Mawson & Dan I. Lubman

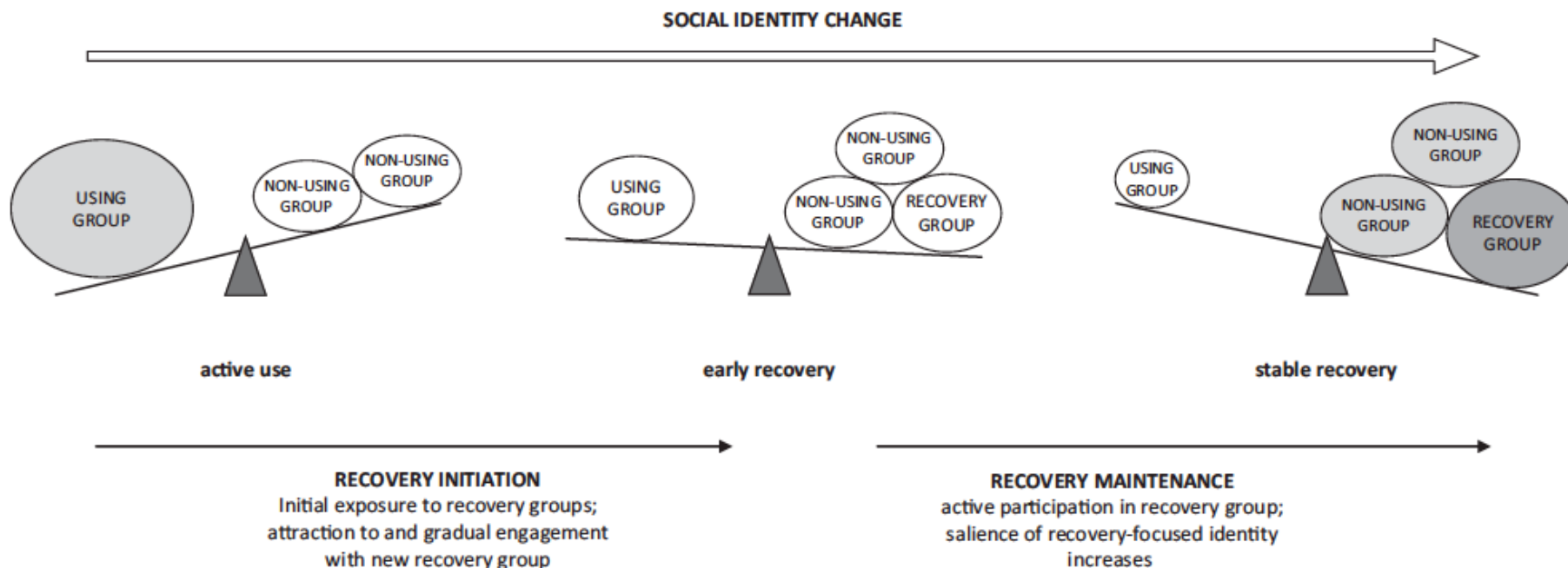
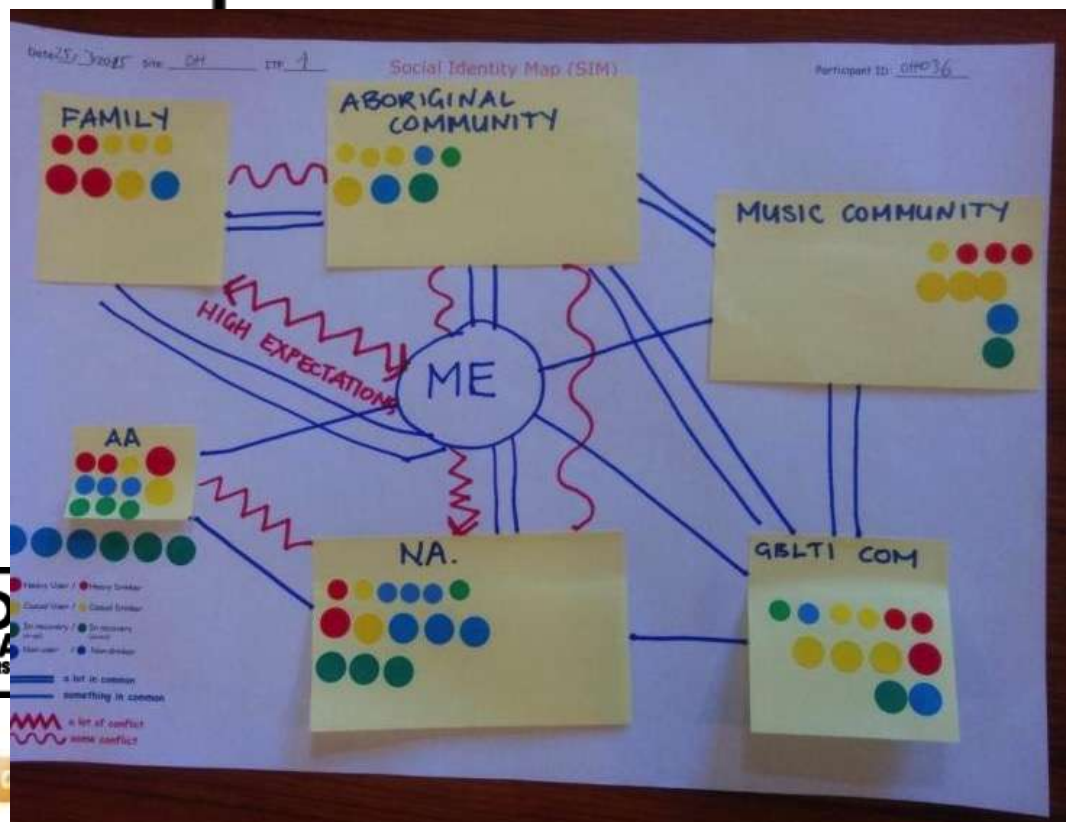


Figure 1. A schematic representation of social identity transition in the course of recovery from addiction.

WHAT IS A SOCIAL IDENTITY MAP?



- Visual representation of group identity, group belonging and group risk
- Mapping the substance use patterns of all groups and the relationships between groups
- Creates a powerful record of social recovery capital

What is the point of the Engagement component?

- Identify and engage community assets
- Create pathways to prosocial groups
- Meet individual life needs and aspirations
- Build hope and strengths
- Personalised interests and activities compatible with skills and needs

Who needs community engagement and what are the necessary steps?

1. Those who are socially isolated and excluded
 2. Those whose networks are harmful to their recovery
- Asset Based Community Mapping
 - Training and developing community connectors
 - Preparing your clients to engage with groups (and assessing their readiness)
 - Creating in-reach and out-reach models
 - Feedback loops and reciprocal development

Innovating for Improvement Round 3 Project

REC-CONNECT

Creating connections into recovery

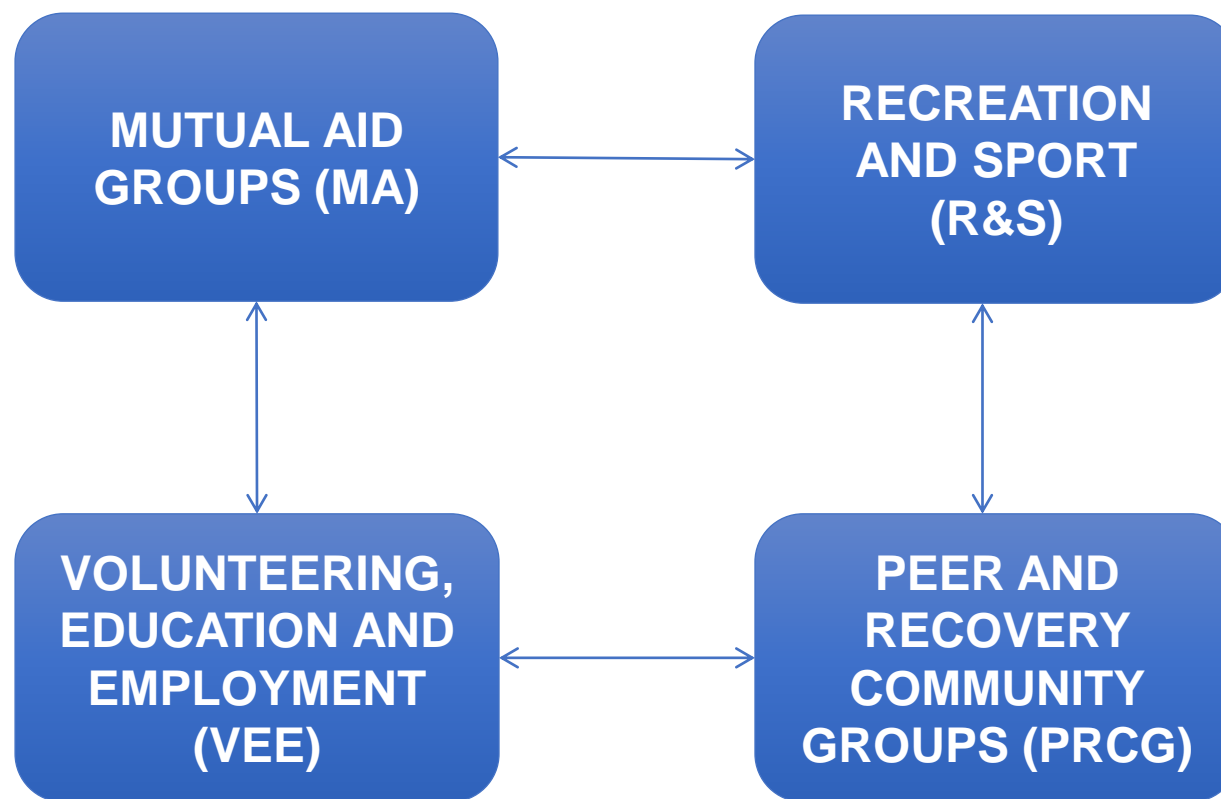


a project of  The Health Foundation

Funding by:

What to link to

Asset Based Community Development Domains



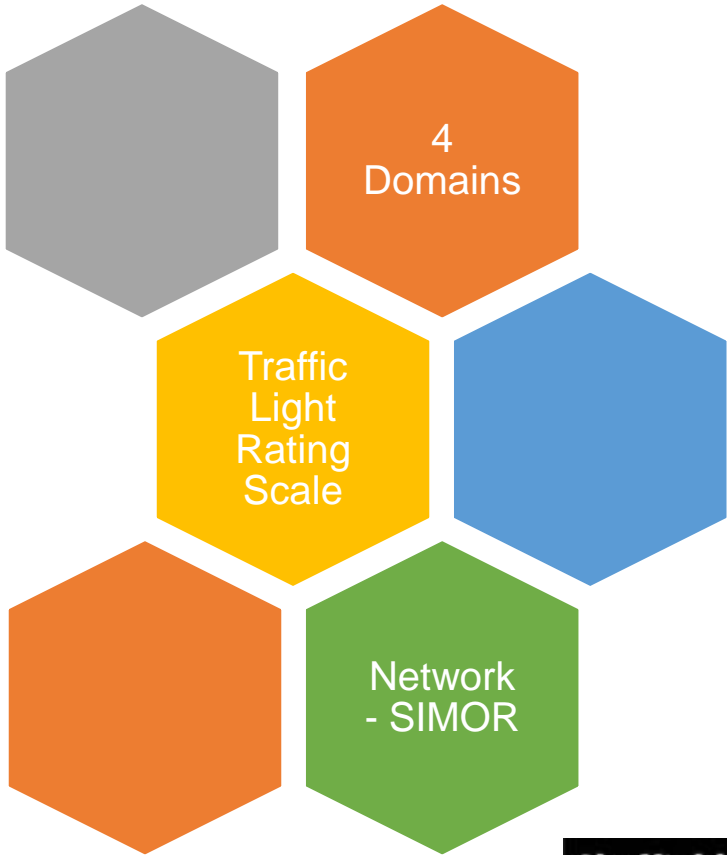
CONNECTORS RESULTS AND IMPLICATIONS

- 21 connectors in approximately three months
- 134 community assets were identified
- This was used to link people new to recovery into meaningful assets
- To build personal capital, social and community capital act as the scaffolding
- This involves effective linkage to community groups
- Using Community Connectors
 - + Assertive Linkage
 - + Ongoing support



Asset Mapping – PhDs – Beth Collinson, Zeddy Chaudhry

Organisation (Professional Services e.g. SASS/ GP)	Accessibility Transport links, bus routes, walking distance	Affordability Is it expensive? Is there any cost involved?	Connectedness Are a familiar with the group? Are you a well- known member of the group?	Network Non-user (N) Social user (S) Active user (A) In recovery (R)
SASS				Mix
Mati'da Street				R
Together Women				Mix



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Not accessible Not affordable Not connected	Fairly accessible Fairly affordable Fairly connected	Very accessible Very affordable Very connected



Manning et al (2012)

Acute Assessment Unit at the Maudsley Hospital

Low rates of meeting attendance while on ward

RCT with three conditions:

Information only

Doctor referral

Peer support

Those in the assertive linkage condition:

More meeting attendance (AA, NA, CA) on ward

More meeting attendance in the 3 months after
departure

Reduced substance use in the three months after
departure

Conclusion

- Overcoming addiction is not solely the preserve of the individual
- Stigma-related barriers exist both at the group and the societal levels
- If we are serious about creating a contagion of recovery we have to support changing of networks and access to community resources
- Mulka's work across the Balkan states
- This both challenges exclusion and champions recovery contagion